



Accept as original
Texas Department of Criminal Justice

OFFENDER
STEP 1 GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2023022381
Date Received: OCT 24 2022
Date Due: 12-03-2022
Grievance Code: 706
Investigator ID #: I2879
Extension Date: _____
Date Retd to Offender: NOV 01 2022

Offender Name: TRACY BEATTY TDCJ # 999484
Unit: POLUNSKY Housing Assignment: 12-A-2
Unit where incident occurred: POLUNSKY

EMERGENCY

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Schwartz - Sgt. When? 10/10/22

What was their response? I can't do that without a court order

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

I NEED TO BE EVALUATED BY DOCTORS AS PART OF MY LEGAL CASE. I CAN'T TAKE THE TESTS THE DOCTORS NEED TO GIVE ME IF I HAVE HANDCUFFS ON. PLEASE AGREE TO REMOVE MY HANDCUFFS AT THE LEGAL CONTACT VISIT WHEN THE DOCTORS COME. I NEED TO BE ABLE TO TAKE THESE TESTS TO USE THE RESULTS FOR CLEMENCY AND OTHER LEGAL FILINGS AND I CAN'T DO THAT IF I HAVE HANDCUFFS ON.

Action Requested to resolve your Complaint.

PLEASE TAKE OFF MY HANDCUFFS WHEN THE DOCTORS COME TO
EVALUATE ME SO I CAN TAKE THE TESTS.

Offender Signature: [Signature]

Date: 10/20/2022

Grievance Response:

Without a court order, TDCJ does not permit a death row inmate to be unshackled during an in-person contact examination by a medical expert. No further action is required at this time.

Signature Authority: [Signature]

A. Enriques AW

Date: 11/1/22

NOV 01 2022

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 2nd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____
 3rd Submission UGI Initials: _____
 Grievance #: _____
 Screening Criteria Used: _____
 Date Recd from Offender: _____
 Date Returned to Offender: _____